



EMERGENCY MEDICAL SERVICES WEEK 2005

Incident Award Nomination Application



Deadline: March 2, 2005

Nominator Contact Information: So that we can contact you if we need more information.

Your Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address:

Incident Date: Date must be between March 1, 2004 and March 1, 2005.

Address:

Award Category: Please check one Award Category for Outstanding Performance of the Year.

Outstanding Performance in an Emergency Medical Incident:

- ☐ EMS Pediatric Incident of the Year
- ☐ Emergency Medical Dispatch Incident of the Year
- ☐ Emergency Medical Incident of the Year
- ☐ Air Medical Ambulance Incident of the Year

Additional Categories:

- ☐ Distinguished Service Award
- ☐ Outstanding Search & Rescue
- ☐ Law Enforcement EMS Contribution

Nominee Contact Information: Please include names and contact information of individuals involved in the incident if not associated with nominated agency.

1. Agency Name: **Phone:**

Address:

2. Agency Name: **Phone:**

Address:

3. Agency Name: **Phone:**

Address:

Patient Contact Information: (We will get permission before using names or any identifying information.)

Name:

Phone Numbers:

HOME:

WORK:

CELL:

Address:

Please use the attached sheet to explain why this nominee should receive the award.

